Letter No.: 02-06

## DEPARTMENT OF HEALTH SERVICES

714-744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 657-2941



January 31, 2002

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All County Health Executives

All County Mental Health Directors

All County Pickle Coordinators

PICKLE PACKETS OF FORMS AND NOTICE, TYPE 51

Ref.: Pickle Handbook Sections 3-1 through 3-3

The purpose of this letter is to advise the counties that in December 2001 a package of forms was mailed with the 503 Leads Type 51 Pickle Notice to potential recipients of the Pickle program.

## **Group A Counties:**

Potential Pickle beneficiaries, Group A, who reside in the Interim Statewide Automated Welfare System (ISAWS) counties (35) of Alpine, Amador, Butte, Calveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Marin, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba and in addition, the MAGIC county of Merced and the CalWIN Consortium county of San Luis Obispo, received a package of the following forms: SAWS 1, SAWS 2, MC 13, MC 219, MC 239, DHS 7044 along with the Type 51 Notice (enclosed).

## **Group B Counties:**

Potential Pickle beneficiaries in the remaining counties (21), Group B, received the following packet of forms along with the Type 51 Notice: SAWS 1, **MC 210**, MC 13, MC 219, MC239, DHS 7044.

Counties are to determine the Medi-Cal eligibility of the 503 Leads individuals (individuals in Group A and B above) and follow the procedures in Pickle Handbook Section 3-1 through 3-3 in a timely manner.

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If you have any questions, please contact Cecilia Kelley of my staff at (916) 657-0168. Sincerely,

**ORIGINAL SIGNED BY** 

Richard Brantingham Acting Chief Medi-Cal Eligibility Branch

Enclosure

State of California - Health and Human Services Department of Health Services Medical Assistance

NOTICE TYPE 51
HOTICE PREPARATION DATE:
HOVEMBER 14, 2000

MEDI-CAL HOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL --EXTENDED MEDI-CAL ELIGIBILITY (503 Leads - Pickle)

PN00001

SMITH JOHN JOHN JOHN

11111 MAIN ST SACRAMENTO CA 95811

TO: Medi-Cal Beneficiaries Discontinued From 55I/SSP On January 1, 2001

RE: CONTINUED MEDI-CAL BENEFITS & FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

## If you want Medi-Cal coverage, please complete the enclosed forms:

- o The Application for Medical Assistance/Food Stamps
- o Statement of Facts
- o Statement of Citizenship, Alienage, & Immigration Status
- o Important Information for Persons Requesting Medi-Cal
- o Statement of Living Arrangements, In-Kind Support etc.

Within 30 days of the date of <u>this</u> notice, mail the forms to the office listed below. If you do not hear from the county by March 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for <u>food stamps</u>. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them -- and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed below.

CONTACT: